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## VALVULAR HEART DISEASE

### IMPACT OF EARLY SURGERY ON LONG-TERM PROGNOSIS IN ACTIVE LEFT-SIDED INFECTIVE ENDOCARDITIS

ACC Poster Contributions

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Session Title: Clinical Parameters in Diagnosing and Treating Valvular Disease- The New Frontier

Abstract Category: Valvular Disease

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**Background:** The optimal timing of surgical intervention in patients with infective endocarditis (IE) is unclear.

**Methods:** Clinical data were retrospectively reviewed in 244 consecutive patients with left-sided IE from 1990 to 2009. Early surgery (within 2 weeks after the initial diagnosis) was performed on 90 patients (early operation group), and the conventional treatment strategy was used for 154 patients (conventional treatment group). In conventional treatment group, 106 patients underwent late surgical intervention. To minimize selection bias, propensity score was used to match patients in early operation and conventional treatment groups. MACE was defined as the composite of cardiac death, repeat surgery, and recurrence of IE during follow-up.

**Results:** A mean follow-up period was 5.5 years. The in-hospital mortality was lower in early operation group than in conventional treatment group (5.6% versus 15.0%,  $p=0.019$ ). For 90 propensity score-matched pairs, the estimated actuarial 7-year survival free rates from cardiac death and MACE were significantly higher in early operation group than in conventional treatment group (Cardiac death: 88.4% versus 80.2%,  $p=0.032$ , MACE: 81.3% versus 68.3%,  $P=0.013$ ; respectively).

**Conclusion:** Compared with the conventional treatment, the strategy of early surgery was associated with an improved long-term prognosis in patients with left-sided IE.

